



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

026
EX-102

703 JAN 22 P2:21

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Ogawa	Sharon	E.	521-4265
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1188 Bishop St., Ste. 3105	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Evercare	(602) 331-5195
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
AZ060-5150 3141 N. 3rd Ave., Ste. 100	Phoenix AZ 85013
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Arlene Davidson	Same
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
Same	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Sharon E. Ogawa
(Signature of Lobbyist)

1/8/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Arlene Davidson	Vice President
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Evercare	see above
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
see above	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>Arlene Davidson</i> (Signature of Authorizing Officer or Person Represented)	<i>1-21-03</i> (Date)